

State of Arizona  
Department of Education



**Tom Horne**  
Superintendent of  
Public Instruction

## MEMORANDUM

DATE: April 26, 2006  
TO: Migrant Education Program  
Coordinator  
  
FROM: Marion Herrera  
MEP State Coordinator  
  
SUBJECT: Migrant Leadership at the University of Arizona

Our Migrant Leadership to be held at the University of Arizona campus in Tucson is scheduled for July 28 through July 31, 2006. Enclosed you will find an application and general information. U of A Leadership is a Migrant Education Program (MEP) sponsored activity. We offer this opportunity to our Migrant high school students so that they may have a **positive** experience on a university campus.

Our target population for this event is at the sophomore and junior levels. We welcome incoming freshmen. **No repeaters, please.**

Mr. Luis Ibarra is our main facilitator and does an excellent job with the students. Our schedule will include all students participating in the following workshops: 1) Writing and Studying Skills, 2) Arts, 3) AIMS Preparation, and 4) Self-Esteem. We will also have swimming, a barbecue, a volley-ball tournament and a dance.

MEP staff from LEAs will be part of our staff. We will have a nurse as part of our staff. The following information will be posted to our web site: <http://www.ade.az.gov/asd/migrant/>

- Leadership Application
- General Information for the Leadership Program
- University and MEP Leadership Rules
- Checklist of Things to Bring

Your district may send **TEN** students. Submit completed applications and a **copy of the Certificate of Eligibility (COE)** to us by June 10, 2006. If you are not sending any students please let us know by May 20<sup>th</sup>. This will allow us time to give other districts more students. Any questions, call Marion at 602-542-5138. Thank you.

***MIGRANT EDUCATION PROGRAM STUDENT  
LEADERSHIP ACADEMY  
July 28 – July 31, 2006***

**General Information**

**Housing Accommodations:**

We will be housed at Coronado Hall. Check in time is at 3:00 p.m. on Friday July 28<sup>th</sup>. Check out time is at 11:00 a.m. on Monday, July 31st. Departure time is after lunch on Monday, July 31st. The telephone number at the dorm is (520) 626-8600.

All meals will be at Park Student Union Center, with the exception of the barbecue on Friday. This will be held in the grass area outside of Park Union Hall.

The Front Desk at the dorm is operated 24 hours a day.

Vending machines will be available for participants.

Outside doors will be locked daily between 12:00 midnight and 6:00 a.m.

The charge for lost keys is \$30.00.

**Room Assignment:**

The Migrant Education Program and the University will make room and roommate assignments. Room changes made after the registration period will result in an additional charge of \$10.00 per person, per change. This will have to be paid by the person requesting the change.

University rooms may not be occupied by more guests than their designated capacity.

**Supervision:**

Migrant Education Program staff will be responsible for migrant students. The staff includes representatives from the school districts, a health provider, a bus driver and representatives from the Arizona Department of Education.

Migrant Education Program staff will be present and available and actively participating with the students during all the activities at each of the sites on campus, as well as in the residence hall.

Staff will enforce rules of the Migrant Education Program and those of the University and Residence Life.

**Medical Consent Forms:**

The completed and signed forms will be in the nurse's room. Any prescription medication will need to be given to the nurse.

All decisions regarding medical treatment for any student will be the responsibility of the Migrant staff.

## **Regulations:**

Alcoholic Beverages: Possession or consumption of alcoholic beverages is prohibited. Violation of this agreement will result in immediate removal of the participants from the residence hall and from the program. Parents/guardians will be notified to come to Tucson to pick up the student.

Smoking: Smoking is prohibited in all University facilities, including the residence hall.

Damages: Any damage done to residence hall rooms or any University facility by the student will need to be paid by the student.

Drugs: Involvement in the use, possession, distribution or sale of legal drugs or narcotics is strictly prohibited. Non-compliance by anyone will result in immediate removal from the residence hall, dismissal from participation in activities on University property and prosecution.

Elevators: Elevators must be used properly. Misuse may result in temporary loss of this service and/or a service charge for repairs resulting from that misuse. Notify a University staff member immediately if an elevator failure occurs.

Fire Safety: Immediate evacuation of the building must be done when the fire alarm sounds. Maps describing evacuation routes are posted within each facility. Misuse or damage to fire safety equipment (sprinkler systems, smoke detectors, fire alarms, pull stations, fire extinguishers and fire hoses) is strictly forbidden and will result in damage charges and prosecution.

Misconduct: The University and the Migrant Education Program reserves the right to evict any person or persons whose conduct is unacceptable.

Quiet Hours: Quiet hours in the residence hall are 9:00 p.m. to 9:00 a.m. daily.

Weapons: The possession, use and sale of weapons is strictly prohibited on University property. Weapons include, but are not limited to, knives, blades, clubs, firearms and fireworks. Any participant in violation of this weapon ban will be immediately removed from the residence hall and dismissed from the program.

Windows: Window screens, where provided, are not to be removed for any reason. Participants will be charged a minimum of \$15.00 for each window screen removed.

## **University and Migrant Education Program Staff:**

University and Migrant Education Program staff may enter any room, including any guest room, for the purpose of maintaining health and safety, for reasonable maintenance inspection, for repair or in any situation deemed by staff to be an emergency.

## **Personal Property:**

The University and Migrant Education Program Staff will not be responsible for loss, theft or damage to personal property belonging to the student. If items are left behind the University will not send items through the mail C.O.D. Payment arrangements will need to be made with the University.

## **Program Rules:**

All students will participate in all the activities of the program.

We are to respect the University staff and its facilities, the Migrant Education Program staff, other migrant students and other guests who are attending the University.

**No boys in girl's room. No girls in boy's room.**

**No Drugs**

**No Alcohol**

**No visitors will be allowed.**

# ***MIGRANT EDUCATION PROGRAM STUDENT LEADERSHIP ACADEMY***

***Friday July 28 – Monday July 31, 2006***

## **Checklist of Things to Bring:**

- ☐ **Casual Clothing (Shorts, Tennis Shoes etc.)**
- ☐ **Swim Suit (No Cutoffs)**
- ☐ **Workout Clothing**
- ☐ **Toiletries (Soap, Toothpaste, Shampoo etc.)**
- ☐ **Spending Money (\$10 Should be enough – All Meals and Refreshments are Provided by the Program)**
- ☐ **Camera/Film (optional)**

## **Migrant Education Program Will Provide:**

- ☐ **Bed Linens (Pillow, Sheets, Blanket, Pillowcase)**
- ☐ **Wash Clothes & Towels**

## **DO NOT BRING:**

- Ø RADIOS/ I-PODS**
- Ø VALUABLE (Jewelry)**
- Ø NON-PRESCRIPTION DRUGS**
- Ø ALCOHOL**
- Ø CIGARETTES**

**APPLICATION MIGRANT EDUCATION PROGRAM**

**STUDENT LEADERSHIP ACADEMY**

**July 28-July 31, 2006**

**I. Student Section (to be completed by the student)**

School District \_\_\_\_\_ Grade Level \_\_\_\_\_

Student Name: \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_

Home Phone \_\_\_\_\_ Messages \_\_\_\_\_

Home Address \_\_\_\_\_

Number of brothers/sisters \_\_\_\_\_ Ages \_\_\_\_\_

Are you allergic to any medication? \_\_\_\_ If yes, what? \_\_\_\_\_

Are you currently taking any prescription medications? \_\_\_\_\_

If yes, what? \_\_\_\_\_ (Don't forget to bring them)

Activities/ Special Interests/ Talents \_\_\_\_\_

**II. Student Information (to be completed by student)**

**What are you doing now? (Check all that apply)**

☐ School full time      ☐ School part-time/Grade \_\_\_\_ ☐ Job training program

☐ Working part-time ☐ Not working, looking ☐ Other, specify

\_\_\_\_\_  
If you are working, what is your job?

**What about school? I plan to:**

☐ Finish high school      ☐ Go to college ☐ Go to work

☐ Get a better job      ☐ Haven't decided

☐ Other, specify \_\_\_\_\_

If everything went perfectly for you, what would you like to be doing five years from now?

(Please explain) \_\_\_\_\_

Is there a relative we can contact to obtain your address and phone number if you move? If yes, please indicate name, phone number and relationship below:

Name \_\_\_\_\_ . Phone: \_\_\_\_\_

Relationship \_\_\_\_\_

### **III. School Section (to be completed by school staff)**

LEA Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Student Identification # \_\_\_\_\_

School Staff Statement. This student has been selected because:

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Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

**IV. Parent Section (to be completed by parent/guardian)**

As the parent or guardian of \_\_\_\_\_, I:

a) Give my permission for him/her to attend the Migrant Education Student

Leadership Academy and participate in all program activities; and

b) Give my permission to conference staff to secure emergency medical, dental or hospital treatment for him/her.

**I UNDERSTAND THAT NEITHER THE SCHOOL DISTRICT NOR CONFERENCE STAFF SHALL BE HELD RESPONSIBLE OR LIABLE FOR ANY ACCIDENT THAT MAY OCCUR WHICH HE/SHE PARTICIPATES IN DURING THE PROGRAM.**

Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**IV. Seccion para Padres de Familia (a completar por padre o guardian)**

Come Padre O guardian de \_\_\_\_\_, yo:

a) Doy permiso para que el/ells atienda la Conferencia de programa Migrante de Liderazgo, y participe en todas las actividades; y

b) Doy permiso al personal de la Conferencia para que obtengan servicios médicos de emergencia, de hospital o dentista para el/ella.

**YO ENTIENDO QUE NE EL DISTRICTO ESCOLAR OR EL PERSONAL DE LA CONFERENCIA SERAN RESPONSABLES O CULPABLES POR ACCIDENTES QUE PUEDEN RESULTAR CUANDO MI HIJO/A ESTE PARTICIPANDO EN EL PROGRAMA. EN CASO DE EMERGENCIA Y SI NO ES POSIBLE PONERSE EN CONTACTO CONMIGO, EL PERSONAL DE LA CONFERENCIA TIENE MI PERMISO DE LLAMAR O PONERSE EN.**

Contacto con \_\_\_\_\_ Dirección \_\_\_\_\_ Teléfono \_\_\_\_\_

Firma de Padre \_\_\_\_\_ Feche \_\_\_\_\_